U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P L. 86-257, as amended Failure to comply may result in criminal prosecution, fines, cricivil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1 File Number U - 2,5547		2. Fiscal Year Covered From			
	,	1 / 1 / 2005 Th	nrough 12 / 31 / 2005		
3. Name and address of person filing.		4. Name, file number, and address of labor organization.			
Name John	Donohoe	Name IUOE Local 30			
		Labor Organization File Number	019779		
P.Q. Box, Bldg., Room No., if any		P.O. Box, Building and Room Number, if any			
Street 115.06 Myrtle Avenue		Street 115-06 Myrtle Avenue			
City Richmond Hill		City Richmond Hill			
State New York	ZIP Code + 4 11418	State New York	ZIP Code + 4 11418		
5. Position :n lapor organization.	Exec. Board Member/NYC Fie	ld Rep.			

Enter appropriate data below If, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.				
6. Name and address of Employer (including trade name, if any)		7.a. Nature of Interest, Transaction, or Income.		
Name				
Trade Name, if any:				
P.O. Box, Bldg., Room No., if any				
		7.b. Amount.		
Street				
City			\$0	
State	ZIP Code + 4		·	

Signature

15. Signature and verification. The undersigned declares, under penalty of submitted in this report (including the information contained in any accompany undersigned's knowledge and belief, true, correct, and complete (See the second	ng documents), has been exa	amined by the signatory and is, to the best of the
Signed Santa Jana Rus	On 5-16-66	718-847-8484
	Date	Telephone Number

Name of Person Filing	John	Donohoe	File Number U-	
B. Held an interest in or	derived i	ncome or economic benefit with monetany value from a business (1) a	• • •	

substantial part of which consists of buying from selling or leasing to, or otherwise dealing with the business

of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested. 8. Name and address of Business (including trade name, if any). 9 Business deals with Name See Schedule 1 a. Labor Organization Trade Name, if any: b. Trust P.O. Box, Bldg., Room No., if any c. Employer Street City State ZIP Code + 4 11.a. Nature of such dealing. 10. If 9.b or 9 c. is checked give trust or employer's name See Schedule 1 Name See Schedule 1 Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 11.b. Approximate dollar value of such dealing. City 12.a Nature of interest hald or income received. See Schedule 1 ZIP Code + 4 State 12.b. Amount.

C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value. 14.a. Nature of payment. 13.a Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4 14.b Amount of payment. 13.b Is the Business an Employer or Consultant ? \$0

SCHEDULE 1 of 1

John Donohoe 12/31/2005

8. Name/Address of Business	9. Business Deals	10. Trust/Employer Name	11a. Nature of Dealing	11b.Dollar Value	12a.Nature of Income	12b. Amount
					Lodging & Out of	
		1	Municipal Fund		Town Meeting	
Local 30 Benefit Funds	Trust	Local 30 Benefit Funds	Trustee	0	Expenses	\$1,567.00
115-06 Myrtle Avenue						
Richmond Hill, NY 11418						
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